

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK

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In re: STUYVESANT F. MORRIS, V  
GINGER A. MORRIS  
Debtor(s).

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Case No. 13-10709  
Chapter 13

**AMENDED LOSS MITIGATION AFFIDAVIT OF DEBTOR(S)  
AND CERTIFICATE OF SERVICE**

STATE OF NEW YORK ) ss.:  
COUNTY OF ALBANY )

I, Wendy A. Reidy, being sworn, say: I am not a party to this  
action, am over 18 years of age, and reside in Broadalbin, New York.

Instructions:

- (1) Complete, as is appropriate, either Part A: Request for Documents/Information by Debtor(s) or Part B: Debtor(s)' Response to Request for Documents/Information.
- (2) Complete Part C: Loss Mitigation Contact Information, unless the information was provided in the Loss Mitigation Request by Debtor(s) and Certificate of Service.
- (3) Complete Part D: Certificate of Service.

**On behalf of Debtor(s):**

Part A: Request for Documents/Information by Debtor(s)

On \_\_\_\_\_, 20\_\_\_\_, I served a true and accurate copy of the  
Debtor(s)' Request for the following documents/information:

- ☐ A copy of Debtor(s)' payment history;
- ☐ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Part B: Debtor(s)' Response to Request for Documents/Information

On January 3, 2014, I served a true and accurate copy of the Debtor(s)' Response to Creditor's Request for documents/information, including the following:

- ☐ A copy of the Debtor(s)' two (2) most recent federal income tax returns;
- ☐ A copy of the Debtor(s)' last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s);

Or, if the Debtor(s) is/are self-employed:

A copy of the Debtor(s)' Profit and Loss Statements, setting forth a breakdown of the monthly income and expenses for the Debtor(s)' business (es), for the two (2) most recent months of \_\_\_\_\_ and \_\_\_\_\_;

- ☐ A completed copy of the Creditor's Financial Worksheet;
- ☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs;
- ☒ Other (please specify): Pursuant to the email dated 12/12/2013: Business Bank

4640 July pages 6 and 7; Business Bank 4640 August pages 1 and 2; Mrs. Morri

year to date October and November profit and loss signed and dated by Mrs.

Morris; Mrs. Morris November and December business bank statement as she .

Part C: Loss Mitigation Contact Information

The Loss Mitigation contact information for the Attorney for the Debtor(s) is as follows:

Name: Guy J. Criscione  
Title: Attorney  
Firm: Law Office of Guy J. Criscione  
Address: 817 Madison Avenue  
Address 2: \_\_\_\_\_  
City: Albany State: NY Zip Code: 12208  
Phone No.: 518-449-1681 Facsimile No.: 518-427-6720  
Email Address: guy@guycriscione.com.

Part D: Certificate of Service

On January 4, 2014, I served a true and accurate copy of the above  
Loss Mitigation Affidavit by Debtor(s)—

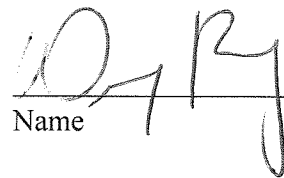
—by notice of electronic filing (NEF) via the CM/ECF system upon the following  
parties at the email addresses listed below:

Andrea E. Celli; legal@ch13albany.com  
US Trustee; USTP.Region02@usdoj.gov  
Eric Sheidlower via Wendy Sinrilus; WSinrilus@rosicki.com

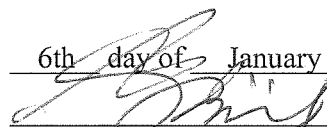
—by first class mail upon the following parties at the addresses listed below:

—by certified mail upon the following parties at the addresses listed below:

Dated: January 6, 20 14  
Albany, New York

  
Name \_\_\_\_\_

Sworn to before me this

6th day of January, 20 14  
  
Notary Public, State of New York

GUY J. ORSICIONE  
NOTARY PUBLIC, STATE OF NEW YORK  
QUALIFIED IN ALBANY COUNTY #4742877  
COMMISSION EXPIRES MAY 31, 2015  
2015